

03/19/2015 13:04

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REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 3/19/2015

Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number _____
- ☒ Class C Charter Certificate Number 8868
- ☐ Class C Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____
- ☐ Class E Household Goods Certificate Number _____
- ☐ Class E Hazardous Wastes Certificate Number _____

Please reference
Docket # 2014-72-T

I request that my certificate be suspended until 07/16/2015

Date: (XX/XX/XXXX)

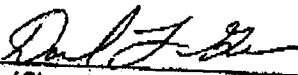
Tri-County Connect LLC
(Name of Company)

D/B/A _____
(If applicable)

704 Rosemarie Lane
(Street and or Mailing Address)

Mullins, SC, 29574
(City, State, Zip Code)

843-433-9592
(Telephone Number)


(Signature and Title, i.e., President, Owner)

RECEIVED

MAR 19 2015

TRANS DEPT

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

During the 2014 Year I had contract charter business which ended 10/3/2014 since that time I have not secured any business. I am currently and actively seeking business and would want to request that the suspension be lifted once a new contract/client is located

RECEIVED

MAR 19 2015

PSC SC
CLERK'S OFFICE